

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1348**
Registrar's No. **308**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R.C. General Hospital Physicians**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 yrs** (Specify whether years, months or days)
In this community **2 yrs**

3. (a) PRINT FULL NAME **Henry Kellogg**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Betty Inger** 6. (c) Age of husband or wife if alive, years **11**

7. Birth date of deceased **Aug 11 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **9** If less than one day hr. min.

9. Birthplace **Ill 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Laborer**

11. Industry or business **Lumber Yard**

12. Name **Unknown**

13. Birthplace **Ill 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Ill 9**

15. Birthplace **Ill 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. G. Scott**

(b) Address **4937 Prospect**

17. (a) **Burial** (b) Date thereof **1-22-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **B. H. Blackman**

(b) Address **1501 E. 7th**

19. (a) **Jan 21, 1941** (b) **M. M. Groom**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL")
(d) Street No. **3231 Prospect Avenue** **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **20th**
year **1941** hour **4** minute **45 P** M.

21. I hereby certify that I attended the deceased from **May** 19 **40** to **Jan. 20th** 19 **41**
that I last saw **im** alive on **Jan. 20th, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death
Diffuse coronary sclerosis and myocardial failure

Due to **940**

Other conditions **Pulmonary edema and congestion**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **See above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **D**

23. Signature **Amey R. Thorn** (M. D. or other)
Address **Med. Dir. R.C. Gen. Hospital** Date signed **1-21-41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed

H. Blackman

Licensed Embalmer No.

3639

P. O. Address

J. E. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.